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### ART. I.—MEDICO-CHIRURGICAL TRANSACTIONS.<sup>1</sup>

[We adopt the following abstract of the valuable papers contained in the last volume of the Medico-Chirurgical Transactions, from the Edinburgh Medical and Surgical Journal.—Ed.]

We have much pleasure in giving early attention to the annual call, which we are happy to see that the respectable association, whose volume is now before us, continues to make upon our services; and we shall consider the papers in the order of the subjects of which they treat, beginning with those on Practical Medicine and Surgery.

The first communication on the former series is entitled *Notices of the Effects of Lead upon the System*; by James Alderson, M. A. and M. D., Physician to the Hull General Infirmary. In two cases, which came under the author's care, of young women employed in lead-works, of the respective ages of 25 and 18, who were affected with paralysis, the one both in the upper and lower extremities, the other in the hands only, there was the singular anomaly of complete loss of vision, which followed closely on the paralytic symptoms. After the ineffectual use of ordinary remedies, the author was successful in restoring vision, by the additional measure of bandaging up the eyes, day and night, for several weeks, so as entirely to exclude light. This plan he adopted from a supposed analogy with the successful employment of splints, in cases of loss of power of the extensors of the wrist and arms.

"The action of light," he observes, "is the proper stimulus of the retina, and its continued action whilst the nervous expansion is paralysed, is precisely similar to the continued extension of the extensor muscles of the arm and hand; as in this latter case, relieving the muscles from their continued extension by means of splints has been found to restore their suspended power, so it was, by analogy, to be supposed, that by removing the stimulus of light altogether from the eye, the power of vision would probably be regained."—P. 83.

The author offers some general remarks on the treatment of the various affections arising from the poison of lead on the system; and gives the case of a family in which that poison was introduced through the internal use of rain water, lodged in a leaden cistern, which was found to have varying quantities of lead in it, according as it had been recently disturbed, or long quiescent. The water, we are informed, was always filtered before use; but in this state it was sweetish, and afforded distinct evidence of the

<sup>1</sup> Published by the Royal Medical and Chirurgical Society of London. Volume xxii. being the 4th volume of the 2d series. 8vo. London, 1839.

presence of lead. By other experiments, however, it is to be inferred, that filtration will deprive water of nearly all the lead contained in it, and exhibit that substance separately in the filter.

The author seems to us to underrate very much the importance of opium in *colica pictonum*, and to carry his analogical reasoning rather too far, when he attributes that severe complaint to paralysis of portions of the intestine. If the paralysis which is found to be produced in some particular muscles of the body, by the poison of lead, were always, or even occasionally, attended with severe pain in the parts affected, there might thus be some degree of support afforded to the author's reasoning, which we would submit that it does not otherwise possess.

The next medical communication contains *Notices of the Occurrences at the Small-pox Hospital, London, during the year 1838*; by George Gregory, M. D., Physician to the Small-pox Hospital. The total number of persons admitted with small-pox in some of its forms was 695, of which 187 died, or 27 per cent., which is about 1 in 3½ds. Of the unvaccinated there died at the rate of 40 per cent., or 1 in 2½, which is in the same ratio as the deaths from small-pox in 1781. Of the vaccinated 8 per cent. died, or 1 in 12½; and the severity of the disease increased materially with age.

Much difficulty occurred in forming a correct conclusion, both in respect to such as had been or had not been previously vaccinated. In the former cases, the cicatrix was the chief guide; but it was not always a sure one; while the highly modified character of the disease in many of the latter afforded strong presumption of occasional prior vaccination. The principal results are given in a tabular form.

The next communication gives a *Statistical Account of Cholera in the Seamen's Hospital in 1832*; by George Budd, M. B., F. R. S., Physician to the Seamen's Hospital. In our account of the 21st volume of the *Medico-Chirurgical Transactions*, we had occasion to notice some interesting histories and dissections of several cases of cholera, by the author of this communication and his colleague, Mr. Bush. In the present paper, Dr. Budd gives some general deductions in reference to the statistics of that disease, of which we shall give a general abstract.

With regard to the mortality which occurred at different periods of this epidemic, the number of admissions increased during the months of June, July, and August; and the average mortality was 93 cases in 160, which is 58½ per cent., or 1 death to 1.72 cases. At first, the number of deaths was double the recoveries; but towards the end of the epidemic, about half the number only. In the *Echo*, cholera vessel, however, such disparity did not occur.

Mortality was much influenced by age; being least in persons between the ages of 15 and 30, and greatest in those above 50. Of 13, whose ages exceeded 53, not one recovered. Liability to the complaint was least between the ages of 20 and 30, but it increased much with advancing life, just as has been found by M. Grisolle to be the case with susceptibility to the poison of lead. Deranged health he likewise found to be unfavourable to recovery; for the proportional mortality was greater in persons affected with cholera who belonged to the hospital ship, the *Dreadnought*, than in those who were previously healthy. Much diversity occurred in the proportional diffusion of the disease in different epidemics; and in the *Donor*, which was fitted up precisely as a cholera ship, not one of the medical gentlemen or nurses took the complaint; though one of the former and three of the latter lived on board, and many examinations were continually conducted there, and in very ill ventilated cabins. The author, indeed, states the very satisfactory fact, that not a single death occurred among the medical officers of the *Dreadnought*, or of the cholera hospitals connected with it, during the whole existence of that disease in London.

The last of the medical papers contains *Cases of Measles, occurring oftener than once in the same individuals*; by John Webster, M. D., Consulting Physician to the St. George's and St. James's Dispensary. In the first of these cases, the author attended the patient in a regular attack of measles when 2 years old, and again about two years afterwards. In the second the patient, a young lady of 15, had measles regularly under the author's care, but was reported, on evidence which he had not the smallest reason to doubt, to have had the disease twice before; the first time at Madras when four years of age, and the second at Blois six years afterwards.

Another instance of a similar kind is mentioned by the author on the authority of Dr. Forbes, of Argyle street.

The first of the surgical papers is a *Case of Malignant Disease, occupying one half of the Tongue, in which a Ligature was applied from beneath the Jaw*; by James M. Arnott, Surgeon to the Middlesex Hospital. The subject of this very creditable operation (which was suggested by one performed by M. Jules Cloquet and M. Mirault respectively, in two cases of cancer of the tongue,) was a young woman of 15, who had a tumour about the size of a pullet's egg, of a purple hue, which occupied the right half of the tongue, extending from nearly half an inch of the apex to the *isthmus faucium*; and reducing, by compression, to a narrow slip the width of the left or sound half of the organ. It began at about nine years previously, in a blue swelling, about the size of the tip of the finger, which remained stationary till the last six weeks, when it rapidly increased during the use of pills, which she took for fits with which she had been attacked, but which produced no affection of the mouth. It measured two inches and a half in length, one inch and a quarter in breadth, and one inch and a half in thickness; was covered posteriorly by warty excrescences; and when drawn forcibly to the left side, allowed the boundaries to be traced by the finger under the arch of the palate, where sound structure could be felt beyond it.

The operation was performed on the 6th of June, 1838, in the following way: "The patient being seated, the head slightly extended, and the *os hyoides* felt, an incision was made from over it upwards and forwards, an inch and a half in length in the mesial line, through the skin, cellular substance, and raphe, of the mylohyoid muscles. With the edge of the knife, but chiefly by its handle, way was made for the finger between the two *genio-hyoid* and the two *genio-glossi* muscles. A tenaculum was next passed through the apex of the tongue, by means of which it was drawn out of the mouth, and held so during the subsequent part of the operation by Mr. Mayo, (Mr. Tuson, Dr. Warren of Boston, U. S., and Mr. B. Phillips, being likewise present.) Into the wound in the neck a strong needle with an eye at the point in a fixed handle, was now conducted, and passed through the basis of the tongue into the pharynx, a little to the left of the mesial line: the loop of ligature which it carried was then, by means of a blunt hook, drawn forwards out of the mouth, and the needle withdrawn from the wound over one of the ends. The loop being cut, two ligatures were obtained; one of these was placed along the upper surface of the tongue, so as to bound the disease on its left side, and carried through the apex of the tongue from above downwards by means of a large curved needle, through which the oral end of the other ligature was now also passed. Fixed in a *porte-aiguille*, this needle was next carried through the floor of the mouth immediately behind the last molar tooth, on the right side, directed at first, and for the greater part of its course, perpendicularly downwards, then inclined mesial, and brought out at the incision in the neck. There were thus two ligatures, the four ends of which hung out of this wound; one of the loops was so disposed as to encircle the right half of the tongue at its basis beyond the tumour; the other was placed longitudinally on the upper surface of the tongue, longitudinally and obliquely below. Being tied, (and this was done as tightly as possible,) the diseased

mass was circumscribed posteriorly, laterally, and in some measure inferiorly. A third ligature was now passed through the fore-part of the tongue, so as to isolate at this point the diseased from the healthy structure."—Pp. 23-25.

The operation was well borne; and the patient, for a fortnight, had food and medicine conveyed into the stomach solely through an elastic gum catheter, introduced into the œsophagus along the left side of the mouth. The strangulation of the diseased part not being completely effected by the ligatures, it was found necessary, on the fifth day after the operation, to endeavour to tighten them, by carrying a canula over them. The plan, however, did not answer; but on the twelfth day, the author succeeded in his object, by means of a loop of silver wire, which effected the death of the part, and produced separation on the fifth day from its employment. The process of cicatrisation went on favourably; and on the 10th of July, the patient left the hospital. There was no appearance of a recurrence of the disease after a lapse of sixteen months; and a stranger would not discover, by her speech, that she had lost so large a portion of the tongue. He would merely remark that she lisped.

The following communications follow in the surgical division:

*Case of Fracture of the Coracoid Process of the Scapula, with Partial Dislocation of the Humerus forwards, and Fracture of the Acromion Process of the Scapula;* by John F. South, Esq., Assistant Surgeon to St. Thomas's Hospital. The title of this paper sufficiently describes the nature of the injury, which was satisfactorily made out by examination after death. A notice is appended of a fractured coracoid process, which came under the notice of Mr. Arnott, at the Middlesex Hospital.

*Case of Aneurismal Tumour in the Orbit, cured by tying the Common Carotid Artery;* by George Busk, Surgeon to the Seamen's Hospital, Dreadnought. This was the case of a seaman of 20 years of age, who, by a severe blow on the head, became for some time insensible; had hemorrhage from the right ear, and deafness in that organ; swelling in the eyelids and integuments of the left eye, with fixed dilatation of its pupil; incapacity to move its globe: and slight paralysis and feeling of numbness on the left side of the face. Purulent discharge took place on the right ear, which continued some time; and soon afterwards pain in the left eye, and deposit of purulent matter between the laminae of the cornea, which was discharged by ulceration. In about four months from his accident, he had small-pox; and on his recovery, and return from the Small-pox Hospital, (to which he had been sent,) the eye was found to be prominent, and to have a large and irritable ulcer on the cornea. The deafness continued, with *tinnitus aurium*, and the paralytic affections of the globe of the left eye and muscle of the face remained unabated.

Some improvement took place, after some weeks, in the ulceration of the cornea and general health; but a distinct pulsation was then discovered in the globe of the eye, which was found to proceed from a firm pulsating tumour, in the upper and inner part of the orbit, within the superciliary ridge. The eye was hot and uneasy, and the patient was much troubled with loud noises in the head, but no pain. Pressure on the left common carotid put a stop to the pulsation and noises; and hence the author inferred the existence of a common cause, and this most likely an aneurism of some vessels within or close upon the orbit. An operation was determined upon, and the common carotid was accordingly tied in the usual place and manner. The patient went on favourably; and in about two months was discharged cured. The ulcer of the cornea was healed, and the noise in the head ceased; but the paralysis of the eye and face continued; and the deafness was very singularly transferred from the right to the left ear.

The author is disposed to consider the affection now mentioned as arising



from true aneurism, rather than aneurism by anastomosis; and he gives a similar case, which occurred to Mr. Scott at the London Hospital, in which protrusion of the right eye took place after a fall into a ship's hold. During the patient's treatment, the prominence increased, pulsation became evident; and on the accidental occurrence of profuse arterial hemorrhage from the nose, which was found to be commanded by pressure on the common carotid artery, that vessel was immediately secured. The protrusion of the globe, by this means, "directly receded in a great degree, and its prominence afterwards gradually diminished."

*Statistical Notices of One Hundred and Twenty Cases of Carcinoma Uteri, with Remarks*; by J. C. W. Lever, Esq. The principal deductions made by the author in respect to this formidable disease are the following: but we are not informed as to the locality in which the cases occurred. The period of life most obnoxious to *carcinoma uteri* was from the fortieth to the fiftieth year. Of the persons affected 5 per cent. only were of unmarried women, and 7 per cent. of widows (who, we presume, had early become so), while 86 per cent. were of married women; thus refuting the idea that celibacy favours the development of the complaint; 34 per cent. were married between the ages of 15 and 20; 36 per cent. between the ages of 20 and 25; 20 per cent. between the ages of 25 and 30; and 1½ per cent. only occurred between that period and 45; fractions in all cases being put aside. Ten barren women, or about 8 per cent., occurred out of 113 who were married; and an average offspring of about 5½ each to the 103 bearing women. The abortions were 2½ each on an average among 40 who had miscarried; or near 17 per cent. of the whole of the conceptions among the 103 child-bearing women—20 per cent. of the affected were of fair, 79 of dark complexions.

Only 20 per cent. were of persons whose uterine health was good in early life. In 15 per cent. the patients suffered from amenorrhœa; in 54 per cent. from dry amenorrhœa; and in 2½ only from other uterine diseases.

Death occurred in 107 cases; the average duration of the complaint being 20½ months; and the great majority being between the bounds of 19 and 22 months. The register of the obstetric out-patients of Guy's Hospital, we are informed by the author, exhibit the proportion of 1 in 7, or nearly 13 per cent. of cases of *carcinoma uteri* to other uterine disease.

His remedial views on the subject the author will give on some future occasion.

*Remarks on the Acute Form of Anasarca of the Scrotum*; by R. Liston, Esq., Surgeon to the North London Hospital, &c. In the diffuse watery tumour of the scrotum, which is a frequent attendant on general dropsy, Mr. Pott points out the danger of unloading the cellular texture by free incisions, and advises the employment of punctures only. In a class of cases which have come under the author's notice, of rapid distention of the scrotum, with serosity, he found that the complaint was only to be arrested by early and free incisions.

"This distention is or is not attended by redness or erythema of the surface; but there is reason to think, from the suddenness of the accession, and from the appearances on exposing the cellular tissue, that there is no actual inflammation of its texture; there being no induration, nor any appearance of lymph or puriform fluid in the areolæ.

"The affection has generally supervened upon abscess or ulcer, perhaps trifling, in the perineum or groin. Its accession has been sudden, the swelling and tension becoming very great and alarming, even within a few hours. The most dependent part, generally the posterior, will be found at a very early period to present one or more deeply-seated ash or tawny-coloured spots; these extend; the integument is speedily involved; and, unless active measures be adopted, the entire coverings and investments of the testicles will be destroyed, and these organs exposed."—Pp. 289-90.

The author gives particulars of six cases in exemplification of the practice which he recommends.

*Remarkable Case of Dry Gangrene occurring in a Child three years and seven months old*; by Samuel Solly, F. R. S., Lecturer on Anatomy and Physiology, and Lecturer on Comparative Anatomy at St. Thomas's Hospital. This interesting case was of a boy three years old, whose feet became of a blackish purple colour, and soon exhibited sloughs, which extended over the left foot, and produced an amputation of it in about four months.

Three months from the first attack, the upper extremities became affected, and when Mr. Solly saw the child two months afterwards, the following were the phenomena observed:

"His right fore-arm was gone, having been partially amputated by nature at the elbow-joint by the disarticulation of the radius, though the ulna had been divided lower down, opposite a point which might be seen in the detached radius, as at that place the bone was thinner, a portion of its surface having been removed by absorption, where the line of separation had first commenced. The slough had extended above the elbow-joint, where nature appeared to be making a second attempt at amputation, from the distinct though comparatively pale line of ulceration between the living and dead portions of the limb.

"The whole of the left fore-arm, and about half the upper arm, was in a state of dry gangrene; but there was a distinct line of separation in the upper arm.

"The foot of the left leg was completely removed just above the ankle-joint, between the epiphysis and the shaft of the tibia and fibula, leaving the extremities of the bone exposed, the soft parts presenting a surface healthy and granulating in one part, but sloughy in another.

"On the right foot the phalanges of the second and third toes had been removed by the same unsparing hand, the stumps having a healthy cicatrix; but on the calf and knee of the leg there were livid spots. Such was the extraordinary appearance of this poor little child the first time I saw it. The pulse in the carotids was 140, feeble, easily arrested, but distinct to the eye.

"The action of the heart more feeble than natural, but unaccompanied by any unnatural or irregular sound. The mother observed that, when every thing was quiet at night, it sounded as loud as the ticking of a watch.

"The intellects were perfect, and the child, on the whole, wonderfully quiet and tranquil, but complains much of feeling cold unless close to the fire."—Pp. 256-257.

The process of healing went on under proper support, and when Mr. Solly saw the child again, about three months after his first visit, he found that "nature, unassisted by the surgeon, had amputated the three extremities, and formed stumps which might shame many formed by the operator's knife. The stump of the right arm was as perfect as could be desired; the bone in the left projected slightly, but was in the course of removal by absorption. The stump of the left leg was nearly healed, with a very slight granulating projection opposite the bone. The child's health was much improved, his spirits good, and he was freer from pain."—P. 265.

A drawing is given of the appearances of the limbs at Mr. Solly's two visits; and he considers the progress of the disease to have been identical with what is usually observed in senile gangrene.

*On the Structure, Physiology, and Pathology of the Persistent Capsular Investments and Pulp of the Tooth*; by Alexander Nasmyth, M. R. C. S. In this paper, which is principally of a physiological character, the author's attention is directed to the third or eruptive stage of dentition; the two first stages, the follicular and saccular, having been sufficiently treated of by different physiologists previously.

The author is disposed to consider Cuvier in error, when he represents

the cutting of a tooth as a process of disruption instead of absorption; and he was led to regard the common opinion as ill founded, where the enamel was thought to possess, after protrusion, no external covering whatever. The consideration of the existence of *crusta petrosa* on the enamel of the teeth of some animals, as a dense protecting investment, led him to doubt whether there might not be something of analogy in those cases where the enamel appeared entirely bare.

Some years ago, after subjecting the human teeth to the action of acid, he observed detached portions of membrane floating on the surface of the solution, which were found to be exceedingly delicate, easily separable, and continuous into the chamber of the tooth, with the structure covering the fang. He succeeded in tracing this as a distinct coat or capsule, from the fangs, over the whole crown of the tooth; and has given it the name of the *persistent dental capsule*. Though this membrane is soon torn by attrition, yet it is at any time capable of being readily detected in shreds after the maceration of a tooth in muriatic acid, diluted to one eighth of its original strength. It then bears the appearance of the capsule of an unobtruded tooth, being fibrous externally, and reticular internally; its earthy deposit (supposing any existed in it, which, from a subsequent passage, seems doubtful,) having been entirely removed. The author's general conclusion on the subject, therefore, is, that the enamel and body of human, and all other teeth, simple as well as compound, is covered by a distinct capsular investment, and that this is converted in some animals, as the Ruminantia, into *cementum* or *crusta petrosa*, by the deposit of earthy matter in its substance. The only writer who is known to the author as having approached to a correct knowledge of this cortical substance is Fraenkel, who, in an inaugural dissertation, published in 1835, states, that he had observed a continuation of a thickened cortical substance from the body of the tooth to the enamel, in a small portion of which a single layer could be readily removed.

The author has likewise satisfied himself of the existence of a distinct layer of substance, externally to the *crusta petrosa*, when that is considerable, which varies in thickness with the thickness of the petrous crust, and may, he thinks, be possibly a cartilage of it.

The capsular investment on the fangs of the teeth, which forms the second section of his subject, is covered with a thin crust in those animals which have a *crusta petrosa*; but in man, the osseo-membranous covering is much thicker round the fang than round the enamel, and increases in size with the age of the individual. The capsular investment he considers as the principal agent in producing absorption of the fangs of the deciduous teeth, on the application of adequate pressure from the ascending permanent ones; when that pressure does not take effect, the deciduous teeth remain firm, without limit to their persistence; but when from disease of the fangs, and consequent affection of their investing membrane, absorption does not take place, the fangs of the temporary teeth only partially disappear, while a part of them remains wedged between their permanent successors, so as to render disengagement very difficult. Cuvier and Rousseau are quoted by the author, as being of opinion that pressure produces destruction of the temporary teeth, by removal of their nutriment; while, on the other hand, it is only by exciting the action of the contiguous membrane, which, in some circumstances, may even produce absorption of the fangs of the permanent teeth, though in a less perfect manner, that this process is accomplished. It sometimes happens that the investing membrane assumes a morbid action, and throws out an enlarged growth of *cementum*, or *exostosis*. This disposition may be induced by exposure to the atmosphere; by partial destruction of the membrane; by the irregular pressure of antagonist teeth, or want of pressure from their absence.

Whether the absorption of the alveolar processes following the exhibition of mercury, or other mineral medicines, be the work of the investing membrane, the author has not satisfied himself. Alveolar abscess sometimes

takes place suddenly, from death of the fang and destruction of its membrane, and whenever disease attacks the latter to any considerable extent, extraction of the tooth is the only effectual remedy.

The third section of the author's subject is the pulp of the tooth, which is a continuation of the capsular membrane, and on which depends the growth of the tooth, or the increment of solid matter of which it may be composed. When the growth of the tooth ceases, the primary function of the pulp is over; but when growth is unlimited, vitality is preserved, and the function goes on. Under various circumstances of disease, whether in animals whose teeth are of limited or unlimited growth, the pulp often becomes osseous, and thus loses its original character. In some animals, however, there is an interstitial osseous deposit, which the author is disposed to consider a fourth natural constituent, in addition to the ivory, or body of the tooth, the enamel, and the *crusta petrosa*.

The author promises to go on with his researches.

[To be continued.]

## ART. II.—MEDICAL REPORT OF THE WESTERN LYING-IN HOSPITAL AND DISPENSARY, 31, ARRAN QUAY, DUBLIN.<sup>1</sup>

BY FLEETWOOD CHURCHILL, M. D.,

Licentiate of the King and Queen's College of Physicians in Ireland, Lecturer on Midwifery, &c., and Physician to the Hospital.

During the past year, from January 1, 1839, to December 31, 1839, inclusive, 436 females have been attended; of these 111 were delivered in the hospital, and 325 at their own houses.

From this number we must deduct 18 cases of abortion, which will leave 418 cases of labour.

The number of children born amounted to 425, (254 were males, and 171 females,) 38 of which (26 males and 12 females,) were still-born, or died immediately after birth: of these latter

10 were premature.

5 were breech presentations.

4 were footling do.

2 were arm do.

In 3 the funis prolapsed.

4 were crotchet cases.

The ages of 415 of the patients were ascertained as accurately as possible:

42 were under 20 years of age.

101 between 20 and 25 years.

126 between 25 and 30

71 between 30 and 35

57 between 35 and 40

18 between 40 and 45.

The entire duration of labour was as follows in 309 cases,

In 94 it was under 6 hours.

In 10 it was under 48 hours.

92

12

8

60

75

24

4

95

25

36

1

110

The period which elapsed between the commencement of labour and the rupture of the membranes was noted in 328 cases:

<sup>1</sup> Edinb. Med. and Surg. Journal, 1840, p. 394.



In 40 cases it was under 2 hours.

107	about 6
70	10
43	14
31	18
11	22
9	26

In 5 cases it was under 30

4	38
3	40
2	50
3	60
3	70
1	80

In the same number of patients the interval between the rupture of the membranes and the birth of the child was as follows:

In 179 cases it was under 1 hour.

42	about 2 hours.
37	4
34	6
12	8
5	10

In 12 cases it was under 15

5	20
4	28
3	35
2	40
1	96

From the birth of the child to the expulsion of the placenta, there elapsed

5 minutes in 74 cases.

10	81
15	60
20	30
25	11
30	14
35	9

40 minutes in 10

50	2
60	14

From 1 hour to 2 hours in

2	3	5
3	4	4
5	6	1

In 394 cases the presentation was as follows: In 375 the head presented; 10 the breech; 5 the feet; 3 the arm; 1 the head and arm.

There occurred 7 twin cases. Their sexes and presentations were as follows:

No.	Sexes.	Presentations.	Results.
1.	2 females.	Both head presentations.	Both saved.
2.	Male and female.	Both head do.	1 saved, 1 putrid.
3.	2 males.	1st foot, 2d head do.	Do. do.
4.	Male and female.	Both head do.	Both saved.
5.	Do.	Do. do.	1 putrid, 1 saved.
6.	Do.	1st head, 2d arm do.	Both saved.
7.	Do.	Both head do.	Do. do.

In 10 cases hemorrhage occurred between the birth of the child and the expulsion of the placenta, in 6 of which manual extraction was necessary. Five of these patients recovered, and one died of peritonitis.

Two patients were attacked with convulsions after labour, one died in a few hours, the other recovered.

Version was performed three times; twice in one of the twin cases; the mother and one child were saved, the second child was putrid.

In the third case both mother and child were saved.

The forceps were applied in one case, the child was putrid, but the mother recovered.

In 4 cases craniotomy was performed. All the women recovered.

Of the 436 cases 3 died, or 1 in 145.

The following tables will show the length of the first and second stages in certain cases, with the results.

Ten cases of labour of thirty-five hours duration.

In 10 cases,	1st Stage.	2d Stage.	Results to	
			Mother.	Child.
	33 hours,	2 hours,	Favourable,	Favourable.
2	31	4	do.	do.
2	27	8	do.	do.
1	24	11	do.	Still-born.

## Five cases of forty-six hours duration.

	1st Stage.	2d Stage.	Mother.	Results to Child.
In 2 cases,	42 hours,	4 hours,	Favourable,	Favourable.
1	45	1	do.	Unfavourable.
2	40	6	do.	Favourable.

## In three cases of fifty-five hours duration.

	1st Stage.	2d Stage.	Mother.	Results to Child.
In 3 cases,	48 hours,	7 hours,	Favourable,	Favourable.

I shall now give an abridgment of the more important cases from the hospital case-book.

**CASE 1. Apoplectic Convulsions.**—Ellen M'Donnell was taken in labour of her fourth child, August 2, and was delivered at 2 A. M. August 3, after a natural labour of ten hours. Mr. Speedy was sent for a few hours afterwards, and on his arrival he found her in a comatose state, with respiration stertorous, pupils insensible to light, &c. Active antiphlogistic treatment was promptly adopted, but she died during our visit at 1 P. M. of the same day.

**CASE 2. Epileptic Convulsions.**—Julia Short, aged 17, was delivered of her first child, November 20, after a natural labour of eleven hours. After the expulsion of the placenta she had a slight convulsion, which lasted a few minutes, and then ceased. The fits returned repeatedly in the course of the day, but her friends neglected to send to the hospital, and we consequently did not know it until the pupil who attended her paid his evening visit.

She was immediately visited by Mr. Speedy and myself. We found her insensible, and were informed that the fits returned every half hour, and were evidently epileptic. Her face was flushed, her head hot, with a frequent and full pulse. She was immediately bled largely from the arm, and a purgative bolus and enema ordered. Mr. Speedy visited her at 12 o'clock that night, and, finding that the fits had returned and the pulse still quick, he untied the arm and took away more blood.

November 21, 11 A. M. Convulsions continued through the night, though less frequently; pulse quick and full. *Venesectio ad 3xii.*; blister to the head and neck; castor oil draught. During the day, the fits were less violent and the intervals longer, but the insensibility continued. In the evening, she seemed occasionally conscious, and she swallowed more easily. Ten ounces more blood were taken, with immediate benefit; fits diminished greatly in violence and frequency, and soon ceased altogether. After this time she recovered rapidly.

**CASES 3 and 4. Version Cases.**—These presented so few peculiarities that I shall not detail them. One of the women had had six children previously, five of whom presented with the hand or arm, and as this was a double arm presentation, (she having twins,) it made seven times that she had undergone the operation of turning. She recovered quite well.

In the other case, the child was saved and the mother recovered.

**CASE 5. Forceps Case.**—Mary Dannelly, aged 40, was taken in labour of her first child, April 3. The pains were ineffective for many hours, but they increased the next day, and at 12 P. M. April 4, the waters broke, and the head descended. The pains continued during the night and next day, but did not advance the labour. In the afternoon of the 5th April, I found her pulse quick, skin hot, tongue dry, &c., and it was evident that there would be danger in delay. I therefore applied the forceps, and delivered her easily and without injury. The child was putrid. She recovered well.

**CASE 6. Craniotomy.**—Mary Proudfoot, aged 40, of small stature, was seized with labour, January 30, at 11 P. M. At 10 A. M., February 1, Mr. Speedy saw her; the waters had been evacuated, but the os uteri was thick,

rigid, and undilated; the head presented, and the pulse was quiet. Purgative medicines were given.

At 10 p. m. she was in much the same state, the pains frequent, but not very strong. Tartar emetic was given, with the view of relaxing the *cervix uteri*.

Feb. 2. *Os uteri* still rigid and undilated, though the pains were frequent during the night. Feels wearied for want of sleep; pulse 100 and strong; skin rather hot. *Venesectio ad*  $\bar{xvi}$ .

Feb. 3. The pains improved in strength and frequency after the bleeding, but they prevented sleep, and the patient is consequently much exhausted. The *os uteri* is but little dilated, so that the head remains above the brim of the pelvis. For the purpose of procuring rest, a full opiate was now given, which obtained two hours sleep. The pains then recurred, and continued during the day, and she became feverish, with quick pulse, &c. After consultation with Dr. Darby, although from the condition of the patient delivery was very desirable, yet, as it would be very difficult to accomplish it in this stage, it was resolved to wait until morning, unless the unfavourable symptoms should increase. The opiate was repeated.

Feb. 4. The condition of the patient not improved; pulse 130, with much fever, and but little relaxation of the *os uteri*, though the pains had wedged the head (covered with the *cervix*) into the upper outlet. It was evident that the operation could not be longer delayed without great risk, and therefore Mr. Speedy proceeded at once to perforate the head and extract the child, which was not accomplished without the greatest difficulty. It was necessary to eviscerate the body as well as empty the cranium. The operation occupied three hours. The child weighed 15 lbs. The patient had afterwards a slight attack of peritonitis, which was subdued by the usual remedies, and she ultimately recovered.

CASE 7. *Craniotomy*.—Rose Bentley, aged 24, taken in labour, February 9th, at 7 a. m. The waters were soon afterwards discharged; the head was found presenting, and the pains were strong and frequent. About 3 p. m. the head descended into the cavity of the pelvis; and at 7 p. m. had made no further advance, notwithstanding very severe and frequent pains. Pulse 80, but intermitting; neither headache nor fever.

I was sent for at 11 p. m., and found the patient in the condition first described, and, as the general condition was favourable, I did not think it right to interfere, although the head had made no advance for eight or nine hours.

Feb. 10, 5 a. m. We were summoned to the patient in consequence of her condition having become worse. The pains had continued strong for some hours after our last visit, but latterly became weaker; the pulse had risen, and there was much constitutional suffering. The head had not advanced, and it was evident that the natural powers were inadequate to the delivery.

I attempted to use the forceps, but found the head so impacted in the pelvis, that the blades of the instrument could not be introduced. This being the case, I at once perforated the head and extracted the child. The woman recovered well.

CASE 8. *Craniotomy*.—Mrs. Tully, aged 20. Labour commenced at 10 a. m., May 4, and the membranes gave way immediately. The pains continued strong during the day and in the evening; the head descended into the pelvis. The pains were incessant during the night.

May 5th, 11 a. m. Pulse 100; patient complains of headache; skin hot; some abdominal tenderness; no advance of the foetal head. The urine was drawn off, and a purgative enema given.

A consultation with Dr. Darby was held in the evening. The labour had made no advance. The patient was in a state of high excitement, with headache, quick pulse, and much fever. It was determined to deliver by

craniotomy, which Mr. Speedy accomplished with facility. The placenta was afterwards extracted. The woman recovered.

**CASE 9. Craniotomy.**—Eliza Doran, aged 40. Labour commenced at 9 A. M., October 31, followed by rupture of the membranes and suspension of uterine contractions.

September 1, 11 A. M.; the pains returned strongly and frequently, the head presented, and the condition of the patient was good. The head descended into the pelvis in the afternoon, and then remained stationary.

September 2, 1 P. M. Very little advance has been made, and the constitution is beginning to suffer; the pulse is quick, the tongue dry, and the patient restless. A consultation was held, and it was deemed safe to wait a few hours to give a fair trial to the natural powers.

In the night her condition became more unfavourable, and we were again summoned. It was evident that delivery could no longer be delayed with safety. The forceps were applied, but the head could not be moved, and therefore the head was perforated by Mr. Speedy, and the child extracted. She was attacked with hysteritis afterwards, but was relieved by the usual means.

**CASE 10. Puerperal Peritonitis, fatal.**—Mary Dunne, aged 36, admitted into hospital on Friday, April 23. Her labour could scarcely be said to have fairly commenced. She had occasional pains for some days, for which opium was given, as they deprived her of rest without dilating the os uteri. During this time her mind was anxious and depressed, and her pulse rather quicker than natural.

On Saturday, April 27, true labour-pains came on, and on Sunday morning at 6 o'clock she was delivered of a living female infant. Before the placenta was expelled, alarming hemorrhage came on, and Mr. Speedy removed the placenta manually. The flooding was arrested, but not before it had blanched the patient, and reduced her to an almost lifeless state. By the diligent exhibition of stimulants, reaction was produced, and the patient appeared likely to do well, until Monday evening, when she became slightly delirious, with very quick pulse, but no abdominal tenderness. On Tuesday morning, these symptoms had subsided, but towards evening they returned worse than before. The pulse was very quick; the respiration hurried; the abdomen swollen and tender; and the countenance anxious and collapsed; with delirium, &c. All the most appropriate remedies were tried, but with no effect, and she died on Wednesday, at 10 A. M.

*Post mortem examination twenty hours after death.*—A quantity of serum with flakes of lymph was found in the peritoneal sac, and a degree of vascularity of the serous membrane itself. The uterine veins contained purulent matter, but the substance of the uterus was healthy; the right ovary was dropsical; the other viscera were sound.

This poor woman had been very anxious for some time previous to labour, on account of a situation for which she was a candidate, and this may have had an unfavourable effect upon the labour.

The notes of the third fatal case have unfortunately been lost.

### ART. III.—CASE OF ADIPOSE SARCOMATOUS TUMOUR IN THE ANTERIOR MEDIASTINUM, WITH REMARKS.<sup>1</sup>

BY J. MOORE NELIGAN, M. D., CORK.

George Attenborough was admitted into the county Tipperary Jail Hospital at Clonmel, April 30th, 1838; a private soldier of the 19th regiment of foot, aged 21, with light hair and delicate complexion, slender in person,

<sup>1</sup> Edinb. Med. and Surg. Journal, 1840, p. 372.



and a narrow, contracted chest. He complains of a difficulty of breathing, with some pain in his chest, which is not increased on taking a full inspiration. Has had cough without expectoration for the last three months, and which affected him principally on rising in the morning, and for some time afterwards. There is dulness on percussion in the infra-clavicular regions on both sides, and the respiratory sound is somewhat bronchial.

On admission a blister was applied to the sternum, and he was ordered a mixture containing tartrate of antimony in solution.

May 5th. Since last report he has continued to mend, and the pain of chest and difficulty of breathing have nearly disappeared. Ordered to use the tartar emetic ointment night and morning, until an eruption was produced on the chest.

May 7th. This morning Attenborough drew my attention to a tumour, which he said he had perceived for the first time on the previous evening. It was situated at the top of the sternum, filling up the space between the sterno-clavicular articulations, and about the size of a large walnut. As he was of a scrofulous habit of body, and the swelling had the appearance of a glandular enlargement, I ordered him to take twenty drops of the tincture of iodine three times daily, and to rub a small portion of the following ointment over the swelling night and morning:

℞. *Iodinii grana duodecim; Hydriodatis Potassæ, drachmam unam; Adipis præparata, sesquiuunciam. M.*

May 12th. Since last report the swelling has considerably increased, and the *alæ* of the thyroid gland are very much enlarged. He complains that the difficulty of breathing has again returned; but says that it is not caused by the swelling, and points to a spot over the *os hyoides* as the place where he feels the obstruction to exist. He also says that he finds great difficulty in swallowing, particularly liquids.—*Continuentur medicamenta.*

May 14th, six o'clock, A. M. I was sent for to see Attenborough, as the nurse thought that he was dying of suffocation. On arriving at the hospital I found him sitting up in bed gasping for breath; the veins of the face and neck swollen, the extremities cold, and the pulsation of the radial artery at the wrist to be felt with difficulty. I immediately proposed opening the larynx; but he refused to submit to any operation, and as, from the situation of the swelling, I was doubtful as to the relief which would be obtained, I did not persist. A blister was ordered to be applied to the throat, and he was directed to take five grains of blue pill every six hours.

Eleven P. M. He has passed the day pretty well until about half an hour since, when he was seized with a return of the paroxysm. He jumped out of bed and ran to the window, crying out for air. He inspires now with the utmost difficulty, and grasps his throat with his hands. His lips are livid, and the circulation seems to have nearly ceased in the extremities; but he still resolutely refuses to submit to any operation.

He was ordered to have immediately a draught consisting of a scruple of laudanum, half a drachm of sulphuric ether, and half an ounce of camphor mixture; and the same to be repeated in the course of four hours.

15th, 10 A. M. He appears somewhat better this morning, and since taking the second draught has had some sleep; but the difficulty of inspiration is still very great. The blister has risen well, and there is a free discharge from the surface. Half a drachm of the mercurial ointment to be rubbed into the inside of the thighs night and morning. Pills to be continued.

Seven P. M. Breathes rather easier, but has had a slight return of the paroxysm in the course of the day. Complains of a constant short cough, with no expectoration.

16th. Spent a better night. The gums are tender. Mercurial inunction to be discontinued; pills to be taken twice daily.

17th. Passed a tolerable night. No return of paroxysm; but complains of great difficulty of breathing, with a sense of impending suffocation, which he, for the first time since his illness, states to arise from the pressure of the

tumour. Pulse 120, small and feeble; tongue clean, moist; bowels freed twice during the night; blistered surface discharging freely. Iodine drops and mercurial pills to be continued.

18th. Has slept well during the night; breathes much easier, although the tumour is still increasing. Pulse 100, fuller than yesterday, but still weak; tongue clean, moist; three motions since last visit; gums tender; no discharge as yet from salivary glands. Pills to be taken three times daily.

19th. A good night; breathing easier; pulse 98, as yesterday; tongue clean, moist; bowels regular; salivary glands a little affected. Pills to be continued.

20th. Has had a return of the difficulty of breathing during the night, caused, he states, by the pressure of the tumour, which is increasing rapidly; but no feeling of fluctuation can be discerned after the most careful examination. Discharge from salivary glands has ceased, and he complains much of dryness of the mouth and fauces; pulse 108, small, feeble; tongue clean, dry, of a bright red colour; bowels natural; mercurial inunction to be used twice daily as before.

21st. Difficulty of breathing much increased; was troubled with cough and pain in the side during the night. Towards morning spit up purulent matter streaked with blood. Other symptoms as yesterday.

℞. *Hydrargyri Iodidi, grana tria; Extracti Hyoscyami scrupulos duos. M. Divide in Pilulas duodecim; unam ter in die sumendam. Repe-tatur infricatio unguenti Antimonii Tartarizati.*

22d. The difficulty of breathing has increased so much since yesterday, that he has been unable to procure any rest, and the least motion causes a feeling of suffocation. The pulse cannot be felt at the wrist, and he appears to be sinking. He suffered much from this time until 12 o'clock at night, when he died, retaining his senses until a few moments of his death.

*Inspection fourteen hours after death.*—An incision was made from the *os hyoides* to the sternum, and the skin and superficial fasciæ carefully dissected, so as to expose the tumour, which was apparent during life. It was found to be deep-seated, and closely enveloped by the muscles, which were partly converted into adipose tissue. To expose it more fully, the sternum and cartilages of the ribs were removed. A large tumour was now seen filling up the anterior mediastinum, being firmly attached, anteriorly to the under surface of the sternum, from which it was with difficulty dissected, posteriorly to the pleura and pericardium; which was much thickened, and imbedded in the substance of the tumour. Superiorly the thyroid gland was pressed upwards by it, and inferiorly it had firm attachments to the diaphragm. It extended to either side about an inch beyond the union of the bones and cartilages of the ribs.

The tumour, with the larynx, heart, and pericardium, was now removed from the body. Two quarts of a transparent greenish fluid were contained in the left side of the chest, and one quart in the right. There were no adhesions between the lungs and pleura, nor were there any marks of inflammation present. The lungs and bronchial tubes were healthy throughout, except at the origin of the left bronchus, where were two small openings communicating with glandular bodies containing purulent and tubercular matter. The trachea was inflamed internally where it was pressed upon by the tumour, and at the origin of the bronchial tubes its diameter was considerably lessened by a tendinous band which surrounded it internally. The larynx was healthy, nor was there any appearance of its having been at any time diseased.

No fluid was found in the cavity of the pericardium; but the surface of the heart was covered with granulations, seemingly as if the process of ulcerative absorption had been going on for some time, in consequence of the pressure to which it was subjected. On cutting into the left ventricle, its parietes were found considerably reduced in thickness, and at the apex the muscular fibres were converted into fat; the right ventricle was some-

what thicker, but its cavity, as also the cavities of both auricles, were much smaller than natural. The valves were all healthy, but there was a blush of redness in the inside of the aorta, the calibre of which vessel was much reduced. The tumour measured 14 inches in length, and  $4\frac{1}{2}$  in breadth, and weighed, with the heart,  $4\frac{1}{2}$  pounds.

The viscera of the abdomen were all healthy.

The consideration of the symptoms which were developed in the case of Attenborough, affords much that is interesting and instructive, as well from the novelty of the disease, as the difficulty which was experienced in forming a diagnosis. The growth of a tumour of any description within the cavity of the chest is of very rare occurrence, and there are but few such cases on record. An account, then, of one in which the tumour acquired so great a magnitude, and with so little disturbance to the animal economy until a short period before death, cannot fail to be an important addition to the science of pathology, which has latterly become so important a branch of medical knowledge.

I regret much that I have been unable to trace the previous history of this case, further than the account which the patient himself gave me, that, previous to his confinement in jail, he had never been at all ill, and that, as far as he knew, none of his family were ever affected with any glandular disease. That the tumour could have been developed, and attained such a size from the period of his first complaint, about three months before his death, is not at all consonant with what we know of the growth of adipose tumours; for although they attain a very great magnitude, they increase in size but slowly. How, then, are we to account for its not giving rise earlier to uneasy sensations, when even in its earliest stages it must have pressed an organ so essential to life as those contained within the chest?

The symptoms from the first assumed a paroxysmal character, in consequence, I suppose, of the *par vagum* and sympathetic nerve being involved in the diseased mass. This, connected with his own statement, that the cause of the sense of suffocation which he found so distressing, was situated at the commencement of the larynx, and a blush of inflammation, which was visible on examining the pharynx, led me to suppose, on the morning of the 1st of May, that he was labouring under an attack of *œdema glottidis*; and with this opinion Drs. Bell and Scully, who saw the case with me, coincided. He at that time complained little of the swelling, which was situated over the thyroid gland; and our belief that it was merely an enlargement of that body, gave us reason to suppose that, although the operation of tracheotomy would be very doubtful in its termination, it might be performed if necessity should compel us.

The state of the surface of the heart in this case was very remarkable. In the report of the *post mortem* examination, I have stated that it seemed as if the process of ulcerative absorption had been going on for some time; and I do not know any other term by which I can so well express the appearance which it presented; and what renders it more worthy of observation, the opposed surface of the pericardium was perfectly smooth; nor was there any fluid contained in the pericardial cavity.

The immediate cause of death was the effusion into the pleura, which must have taken place very rapidly, as, until a few hours before his death, he was able to sit up in bed, and lie equally well on either side.

I cannot give any information as to the stethoscopic indications for some time previous to his death, as, in consequence of the tenderness of the surface of the chest, from the repeated blistering and use of the tartar emetic ointment, he was unable to bear the application of the instrument.

## BIBLIOGRAPHICAL NOTICES.

*Smith's American Medical Almanac.*<sup>1</sup>

We drew favourable attention to the two first impressions of this useful annual. That for this year contains, amongst other useful matters of daily interest, an account of the present condition of the various medical schools of the United States; with brief essays on practical subjects that are important to all.

*Dr. Lindsly's Introductory Lecture.*<sup>2</sup>

The title of Dr. Lindsly's lecture indicates its general objects. It is devoted to an examination of the peculiar features of the profession in the countries of Europe most distinguished for their scientific reasearches, as well as in this country. We might differ from the respectable author in certain of his estimates of men and things, but on the whole approve of his views, which are evidently suggested by an ardent desire for the advancement of his profession.

*Fourth Annual Report of the Trustees of the Vermont Asylum for the Insane.*<sup>3</sup>

We are indebted to Dr. Rockwell—the superintendent—for this report, which, like the reports from all our insane establishments, contains much that is gratifying to the philanthropist and the physician. The institution appears to be in a most wholesome state. Would that we had a similar establishment in Pennsylvania! It cannot be postponed long, under the powerful feelings of interest excited in every charitable bosom towards the most helpless of the human family, whose condition in the absence of such institutions is wretched in the extreme.

*Operation for Strabismus.*

This novel operation has been practised to a great extent by several of our surgeons. Professor Pancoast informs us that he has performed it nine times, and with great success. It seems, indeed, to be admirably adapted for the removal of a most unsightly deformity.

<sup>1</sup> The American Medical Almanac for 1841; designed for the daily use of Practising Physicians, Surgeons, Students, and Apothecaries. By J. V. C. Smith, M. D., Editor of the Boston Medical and Surgical Journal. Vol 3, continued annually. 24mo, pp. 148. Boston, 1841.

<sup>2</sup> Medical Science and the Medical Profession in Europe and the United States, an Introductory Lecture. By Harvey Lindsly, M. D., Professor of Obstetric Medicine in the Columbia College, Nov. 1840. 8vo, pp. 35. Washington, 1840.

<sup>3</sup> Pp. 15. Montpelier, Vermont, 1840.